



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO St. Paul Field Office

Douglas County Department of Corrections  
Omaha, Nebraska

July 24-26, 2019

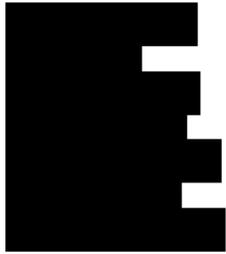
**COMPLIANCE INSPECTION**  
**of the**  
**DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS**  
Omaha, Nebraska

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY .....</b>	<b>8</b>
Environmental Health and Safety .....	8
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Classification System.....	9
Funds and Personal Property .....	10
Searches of Detainees .....	10
Sexual Abuse and Assault Prevention and Intervention .....	10
Special Management Units .....	11
Staff-Detainee Communication .....	12
Use of Force and Restraints .....	12
<b>CARE .....</b>	<b>14</b>
Funds and Personal Property .....	14
Medical Care.....	14
Personal Hygiene .....	14
Suicide Prevention and Intervention.....	14
<b>ACTIVITIES .....</b>	<b>15</b>
Recreation .....	15
Telephone Access .....	15
Visitation.....	15
<b>JUSTICE.....</b>	<b>16</b>
Grievance System .....	16
Law Libraries and Legal Material.....	17
<b>CONCLUSION .....</b>	<b>18</b>

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Douglas County Department of Corrections (DCDOC) in Omaha, Nebraska, from July 24 to 26, 2019.<sup>1</sup> DCDOC opened in 1978 and is owned and operated by Douglas County, Nebraska. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDOC in 2006 under the oversight of ERO’s Field Office Director (FOD) in St. Paul, Minnesota (ERO St. Paul). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 and is contractually obligated to comply with the ICE PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard, as well.

ERO has not assigned Deportation Officers (DOs) nor a Detention Services Manager to the facility; however, DOs visit the facility weekly to conduct staff-detainee communication. The facility director handles daily facility operations and is supported by ██████ personnel. Aramark provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	40
Average ICE Detainee Population <sup>3</sup>	30
Male Detainee Population (as of 7/24/2019)	25
Female Detainee Population (as of 7/24/2019)	1

During its last inspection of DCDOC, in Fiscal Year (FY) 2014, ODO found 26 deficiencies in the following areas: Classification System (3); Detainee Handbook (1); Disciplinary System (2); Food Service (2); Funds and Personal Property (1); Law Libraries and Legal Material (1); Medical Care (1); Searches of Detainees (1); Special Management Units (5); Staff-Detainee Communication (6); Telephone Access (2); and Use of Force and Restraints (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 22, 2019.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	5
Classification System	5
Funds and Personal Property	4
Searches of Detainees <sup>6</sup>	1
Sexual Abuse and Assault Prevention and Intervention	4
Special Management Units	1
Staff-Detainee Communication	8
Use of Force and Restraints	5
<b>Sub-Total</b>	<b>33</b>
<b>Part 4 – Care</b>	
Food Service	1
Personal Hygiene <sup>7</sup>	1
Medical Care	1
Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	1
Visitation	6
<b>Sub-Total</b>	<b>8</b>
<b>Part 6 – Justice</b>	
Grievance System	4
Law Libraries and Legal Material	3
<b>Sub-Total</b>	<b>7</b>
<b>Total Deficiencies</b>	<b>54</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> The deficiency cited under the Searches of Detainees standard was identified while reviewing the Visitation standard; the Searches of Detainees standard was not reviewed in its entirety.

<sup>7</sup> The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and Safety standard; the Personal Hygiene standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed eight detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he has active tuberculosis (TB), but the facility has not provided him medication for his condition.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. His medical records indicated he had a chest X-ray taken in July 2018, which showed he was negative for active TB. The chest X-ray was taken after he had a positive purified protein derivative (PPD) test. The facility took another chest X-ray on July 24, 2019, which also confirmed he was negative for active TB and did not require medication. ODO requested facility medical staff use the translation line to communicate with the detainee to ensure he understood what a positive PPD means and why he did not require medication.

*Medical Care:* One detainee stated he had requested eye drops several times since he had been detained at this facility but was told he could not have them because the eye drops were too expensive.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. ODO observed a request for eye drops in his medical file; however, there was nothing in the medical file that indicated he was evaluated by medical staff to determine if eye drops were needed, nor was there an order for eye drops in his prescription order history. ODO spoke with the Health Services Administrator (HSA) and requested medical staff evaluate the detainee to determine if eye drops were needed. Medical staff indicated they would evaluate the detainee and submit a request for him to be seen by a specialist, if required. ODO did not have an updated status at the conclusion of the inspection.

*Staff-Detainee Communication:* Several detainees stated they were not able or did not know how to submit requests to ERO St. Paul.

- Action Taken: ODO reviewed the facility detainee handbook and the housing unit reference book, which is available in each housing unit, and inspected the postings in the housing units and did not find instructions for submitting a request to ERO St. Paul. ODO brought this to the facility's attention and the facility posted a notice in each housing unit informing detainees how to submit questions to ERO St. Paul. ODO cited this as a deficiency under the Staff-Detainee Communication standard in the *Compliance Inspection Findings* section of the report.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's [REDACTED] and found one [REDACTED] for a food service [REDACTED] that was inaccurate. The facility documented they had nine units on hand when the actual count was five units (**Deficiency EH&S-1<sup>8</sup>**). Upon identifying this deficiency, the facility updated the [REDACTED] form to reflect five units.

ODO visually inspected the facility's dedicated barber shop and found hair clippings in the cabinet where the facility stores barbering equipment (**Deficiency EH&S-2<sup>9</sup>**). Upon identifying this deficiency, the facility cleaned the barbering equipment and removed the hair clippings from the storage cabinet.

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO toured the facility's intake area, observed the showers in the booking area, and noted that the facility provided detainees the opportunity to shower upon intake; however, the showers did not provide detainees privacy while they showered or changed clothes (**Deficiency A&R-1<sup>10</sup>**).

ODO reviewed the facility's A&R documentation and found nothing to indicate ERO St. Paul had approved their orientation procedures (**Deficiency A&R-2<sup>11</sup>**).

ODO reviewed the facility's orientation video and found that it did not include the following: an introduction by the facility administrator; the authority, responsibilities and duties of security officers; the availability of pro-bono legal services and how to pursue them; and information on voluntary programs, including specific details on how to volunteer (**Deficiency A&R-3<sup>12</sup>**).

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<sup>8</sup> "Every area shall maintain a current inventory of the [REDACTED] used and stored there. [REDACTED] shall be maintained [REDACTED] for each substance. Entries for each shall be logged on a [REDACTED]. The entries shall contain relevant data, including purchase dates quantities, use dates and quantities and quantities on hand." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(C).

<sup>9</sup> "After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected. Ultraviolet lights are not appropriate for sterilization but may be used for maintaining tools that have already been sterilized." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (IX)(3).

<sup>10</sup> "Staff shall permit the detainee to change clothing and shower in a private area without being visually observed by staff, unless there is reasonable suspicion to search the detainee in accordance with the section below on Strip Searches and the Detention Standard on Searches of Detainees." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(B)(2).

<sup>11</sup> "All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(F). **This is a priority component.**

<sup>12</sup> "At a minimum, each video must provide the following material, which may appear in any order as long as the

ODO found that the facility did not issue a copy of the ICE National Detainee Handbook to any newly admitted detainees during ODO's observation of the facility's A&R procedures (**Deficiency A&R-4**<sup>13</sup>).

ODO reviewed the facility's A&R documentation and found nothing to indicate ERO St. Paul had approved the facility's detainee release procedures (**Deficiency A&R-5**<sup>14</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by submitting their release procedures to ERO St. Paul. ERO St. Paul reviewed the procedures and issued a memorandum dated July 25, 2019, approving them (**C-1**).

## CLASSIFICATION SYSTEM (CS)

ODO reviewed the facility's classification policy and although it conformed to the standard, ODO found nothing to indicate that ERO St. Paul had reviewed and approved it (**Deficiency CS-1**<sup>15</sup>).

ODO reviewed 25 detainee detention files and found that a supervisor did not conduct a classification review of any of them (**Deficiency CS-2**<sup>16</sup>).

ODO reviewed the facility's classification procedures and found that neither wristbands nor color-coded uniforms were issued to detainees upon completion of classification (**Deficiency CS-3**<sup>17</sup>).

ODO reviewed the facility's housing assignment of a detainee the facility classified as low (Level 1) and found he was housed with an inmate the facility had classified as medium (Level 2), who had an assaultive criminal history and was pending trial for a violent felony (**Deficiency CS-4**<sup>18</sup>).

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presentation is coherently organized and edited, with smooth transitions between subjects. The facility administrator may supplement the required information with explanation of particular policies, rules and procedures: Facility administrator's introduction; ... Authority, responsibilities and duties of security officers; ... Availability of pro bono legal services and how to pursue such services in the facility; ... Voluntary work programs, with specific details including how to volunteer." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F)(4).

<sup>13</sup> "In accordance with the Detention Standard on Detainee Handbook, every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(1).

<sup>14</sup> "ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

<sup>15</sup> "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. CDFs and IGSA facilities may use similar locally established systems, subject to DRO evaluation, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/DRO requirements." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A). **This is a priority component.**

<sup>16</sup> "Each facility administrator shall require that the facility's classification system ensures that: ... Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A). **This is a repeat deficiency.**

<sup>17</sup> "In SPCs and CDFs, upon completion of the classification process, staff shall assign individual detainee's [sic] color-coded uniforms and wristbands as follows: ...." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

<sup>18</sup> "All facilities shall ensure that detainees are housed according to their classification level...."

1. Level 1 Classification

- May not be co-mingled with Level 3 Detainees.

ODO reviewed 13 detainee detention files and found that in 4 of them, staff did not complete a classification reassessment within the required 60 to 90-day intervals (**Deficiency CS-5<sup>19</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the facility's detainee handbook and found that it did not notify detainees they could request certified copies of identity documents from their Alien File (A-File), nor did it include: the rules for storing or mailing property not allowed in their possession; the procedures for claiming property upon their release, transfer, or removal; and the procedures for filing a lost or damaged property claim (**Deficiency F&PP-1<sup>20</sup>**).

ODO interviewed the facility's booking officer and learned detainees were not allowed to retain small religious items, to include religious jewelry, in their possession (**Deficiency F&PP-2<sup>21</sup>**).

ODO reviewed the facility's F&PP audit process and found that facility staff audited property for 10 detainees per month, not all detainee property during each shift, as required by the standard (**Deficiency F&PP-3<sup>22</sup>**).

ODO reviewed the facility's F&PP procedures and found that detainee baggage and non-valuable property is not inventoried at least once each quarter (**Deficiency F&PP-4<sup>23</sup>**).

## **SEARCHES OF DETAINEES (SOD)**

ODO observed the facility's visitation procedures and found that, after detainees receive a contact visit, they are strip-searched prior to returning to general population. ODO identified that the facility did not document these strip-searches with a Record of Search (Form G-1025) or another

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- May not include any detainee with a felony conviction that included an act of physical violence.
  - May not include any detainee with an aggravated felony conviction...."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(F)(1). **This is a repeat deficiency.**

<sup>19</sup> "All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified. In SPCs and CDFs: The first reassessment shall be completed 60 to 90 days after the date of the initial assessment." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

<sup>20</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ... That, upon request, they shall be provided a ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; The rules for storing or mailing property not allowed in their possession; The procedure for claiming property upon release, transfer, or removal; The procedures for filing a claim for lost or damaged property; ...." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

<sup>21</sup> "In SPCs and CDFs, each detainee shall be permitted to keep in his or her possession reasonable quantities of the following, as long as a particular item does not pose a threat to the security or good order of the facility: Small religious items including religious jewelry items; ...." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

<sup>22</sup> "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both [REDACTED] supervisors shall [REDACTED] of these items." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

<sup>23</sup> "An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

similar form, as required by the standard (**Deficiency SOD-1<sup>24</sup>**).

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI policy and found there was no mention of the facility's responsibility to coordinate with ICE OPR for investigations into sexual assault and abuse. Additionally, the SAAPI policy did not address that the facility will cooperate with all ICE audits and monitoring of the facility's compliance with the SAAPI standard (**Deficiency SAAPI-1<sup>25</sup>**).

ODO reviewed the facility's SAAPI policy and found nothing to indicate ERO St. Paul had reviewed and approved it (**Deficiency SAAPI-2<sup>26</sup>**).

ODO found nothing to indicate the facility had made its SAAPI protocols available to the public, whether by posting the protocols on its website or elsewhere (**Deficiency SAAPI-3<sup>27</sup>**).

ODO reviewed 10 detainee detention files and found that the detainee acknowledgement for having received SAAPI orientation and instruction was missing from all 10 files (**Deficiency SAAPI-4<sup>28</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO toured the facility's SMU and found that the facility did not maintain a permanent SMU log, which prevented ODO from determining if the facility had placed detainees in their SMU

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<sup>24</sup> "Staff may conduct a strip search only where there is reasonable suspicion that contraband may be concealed on the person. Officers must obtain supervisory approval before conducting strip searches. 'Reasonable suspicion' means suspicion that would lead a reasonable correctional officer to believe that a detainee is in possession of contraband." See ICE PBNDS 2008, Standard, Searches of Detainees, Section (V)(D)(2)(c). **This is a repeat deficiency.**

<sup>25</sup> "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum: ...

1. procedures for investigation and discipline of assailants, including: ...
  - c. procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure noninterference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility (OPR); ...
2. procedures for data collection and reporting; and the facility's requirement to cooperate with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(5)(c) and (V)(A)(6). **This is a priority component.**

<sup>26</sup> "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a priority component.**

<sup>27</sup> "...Each facility shall post its protocols on its website, if it has one, or otherwise make the protocol available to the public." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a priority component.**

<sup>28</sup> "...Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Prevention and Intervention Program....Detainee notification, orientation and instruction must be in a language the detainee understands, including for those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. The facility shall maintain documentation of detainee participation in the instruction session." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F). **This is a priority component.**

(Deficiency SMU-1<sup>29</sup>).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO St. Paul's SDC policy and found that it did not contain procedures that ensured ERO St. Paul supervisory staff conducted and documented frequent unannounced and unscheduled visits to detainee living and activity areas (**Deficiency SDC-1**<sup>30</sup>).

ODO reviewed the facility's SDC policy and found that it did not have a method to document when ERO St. Paul supervisory staff conducted unannounced SDC visits. Additionally, ODO found no documentation by ERO St. Paul staff of weekly unannounced visits by supervisors (**Deficiency SDC-2**<sup>31</sup>).

ODO toured the facility's detainee housing units and observed that written schedules for weekly, scheduled SDC visits by ERO St. Paul staff were not posted in several detainee housing units. For the detainee housing units that did have a schedule posted, the schedules did not reflect the actual day of the week ERO St. Paul staff conducted their scheduled SDC visits (**Deficiency SDC-3**<sup>32</sup>).

ODO reviewed the ICE detainee request binder and found that ERO St. Paul staff did not consistently answer detainee requests within three business days of receipt (**Deficiency SDC-4**<sup>33</sup>).

ODO reviewed the ICE detainee request log and found that no calendar year 2018 ICE detainee requests were logged and only two requests for calendar year 2019 had been logged to date (**Deficiency SDC-5**<sup>34</sup>).

ODO reviewed 10 detainee detention files and found that copies of completed detainee requests, which were submitted by detainees and answered by ERO St. Paul staff, were missing from all 10 (**Deficiency SDC-6**<sup>35</sup>).

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<sup>29</sup> "The facility administrator shall ensure that permanent housing logs are maintained in SMUs to record specified data on detainees upon admission to and release from the unit. These logs shall also be used by supervisory staff and other officials to record their visits to the unit." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(2).

<sup>30</sup> "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

<sup>31</sup> "...Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1). **This is a repeat deficiency.**

<sup>32</sup> "The Field Office Director shall develop written schedules and procedures for weekly contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b).

<sup>33</sup> "Each detainee request shall be forwarded to the ICE/DRO office of jurisdiction within two business days and answered as soon as possible and practicable, in person or in writing, but no longer than within three business days of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

<sup>34</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>35</sup> "A copy of each completed Detainee Request shall be filed in the detainee's detention file and be retained there for at least three years. Copies of confidential requests shall be maintained in the A-file." See ICE PBNDS 2008,

ODO reviewed the facility's detainee handbook and found that it did not include the procedure for submitting written questions and requests to ERO St. Paul (**Deficiency SDC-7<sup>36</sup>**).

ODO checked for required postings and found that the U.S. Department of Homeland Security, Office of Inspector General Hotline Posters were not posted in the detainee housing units or other common areas (**Deficiency SDC-8<sup>37</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed the facility's UOF&R procedures and found nothing to indicate ERO St. Paul had approved the restraint chair for use at the facility (**Deficiency UOF&R-1<sup>38</sup>**).

ODO reviewed the facility's UOF&R procedures and found nothing to indicate ERO St. Paul had approved the facility's UOF form or that the facility had provided copies of completed UOF forms to ERO St. Paul (**Deficiency UOF&R-2<sup>39</sup>**).

ODO reviewed the facility's UOF&R after-action review (AAR) procedures and found nothing to indicate ERO St. Paul had approved the facility's AAR procedures for UOF incidents (**Deficiency UOF&R-3<sup>40</sup>**).

Additionally, ODO found that the facility's AAR team did not include the facility's HSA and FOD designee, and that the AAR procedures did not address that the team must meet on the first working day following a UOF incident (**Deficiency UOF&R-4<sup>41</sup>**).

ODO reviewed the facility's UOF AAR practices and found that they did not address that the facility's AAR team must review the audio-visual recording for UOF incidents to determine

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Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>36</sup> "As required by the ICE/DRO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/DRO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(3).

<sup>37</sup> "The Department of Homeland Security Office of the Inspector General (OIG) periodically revises a 'DHS OIG Hotline' poster to be posted in facilities that house ICE/DRO detainees...."

3. In each SPC and CDF, the facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.). In each IGSA and ICE staging area, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.)...."

See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(3).

<sup>38</sup> "The following restraint equipment is authorized: ... Any other ICE/DRO-approved restraint device." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(L).

<sup>39</sup> "All facilities shall have an ICE/DRO-approved form to document all uses of force. Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O)(1). **This is a repeat deficiency.**

<sup>40</sup> "All facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

<sup>41</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member After-Action Review team shall convene on the workday after the incident." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

compliance with the provisions of the standard (**Deficiency UOF&R-5<sup>42</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed the facility's pre-employment medical documentation for detainee and staff FS workers and found that ■■■ staff FS workers did not have pre-employment medical examinations completed prior to beginning FS work at the facility (**Deficiency FS-1<sup>43</sup>**).

### **MEDICAL CARE (MC)**

ODO reviewed 26 facility detainee medical files and found that 17 of the 26 did not have documentation showing that the detainee received a TB screening test within 12 hours of intake (**Deficiency MC-1<sup>44</sup>**).

### **PERSONAL HYGIENE (PH)**

ODO toured the facility's detainee housing units and observed that 9 out of the 11 did not meet the ACA's standard for the minimum shower to detainee ratio (**Deficiency PH-1<sup>45</sup>**).

### **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed ■■■ facility medical staff training records and found that ■■■ out of ■■■ records did not have current documentation of suicide prevention and intervention training. Additionally, ODO's review of the training roster for correctional staff showed ■■■ correctional staff were also missing documentation of current suicide prevention training (**Deficiency SP&I-1<sup>46</sup>**).

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<sup>42</sup> "The After-Action Review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard...." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>43</sup> "All food service personnel, including staff and detainees, shall receive a preemployment medical examination noting the importance of identifying those communicable diseases more likely to be found in the immigrant population." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(3)(a).

<sup>44</sup> "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities...." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2). **This is a priority component.**

<sup>45</sup> "Detainees shall be provided: ... Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(E).

<sup>46</sup> "All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually, on: recognizing verbal and behavioral cues that indicate potential suicide, demographic, cultural, and precipitating factors of suicidal behavior, responding to suicidal and depressed detainees, effective communication between correctional and health care personnel, necessary referral procedures, constant observation and suicide-watch procedures, follow-up monitoring of detainees who have already attempted suicide, and reporting and written documentation procedures." See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V)(A). **This is a priority component.**

## **ACTIVITIES**

### **RECREATION (R)**

ODO interviewed facility staff, who stated that per facility policy, detainees assigned to SMU would be provided one hour of recreation, five times a week; however, this hour would not be reserved exclusively for recreation in accordance with the standard. Detainees would have to use this hour of out-of-cell time to shower, use the telephone, and recreate (**Deficiency R-1**<sup>47</sup>).

### **TELEPHONE ACCESS (TA)**

ODO reviewed the facility's TA policy and found detainee telephone calls were limited to 15 minutes. However, ODO interviewed the facility Accreditation Manager and several detainees, all of whom stated there were no time restrictions placed on telephone calls. Nevertheless, the local policy was contradictory to both the standard and observed practice. As such, ODO noted this as an **Area of Concern**.

ODO toured the facility's detainee housing units and observed that the list of pro bono legal resources and the speed dial posting for consulates and embassies were in the housing unit TA binders but were outdated. ODO noted this as an **Area of Concern**.

*Corrective Action:* Prior to the end of the inspection, the facility updated all detainee housing unit telephone listings with the most current lists of pro bono legal resources and postings for consulates and embassies (**C-2**).

### **VISITATION (V)**

ODO reviewed the facility's visitation logs and found that the facility did not record detainees' alien-registration numbers (**Deficiency V-1**<sup>48</sup>).

ODO reviewed the facility's visitation policy and found that detainees' personal visits were limited to 25-minute sessions (**Deficiency V-2**<sup>49</sup>).

Additionally, ODO found that immediate family members detained at the same facility may not visit with each other (**Deficiency V-3**<sup>50</sup>).

ODO toured the facility's visitation waiting area and did not find blank Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) available in the legal

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<sup>47</sup> "Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week." See ICE PBNDS 2008, Standard, Recreation, Section (V)(E). **This is a priority component.**

<sup>48</sup> "In SPCs and CDFs, staff shall record in the general visitors' log: The name and alien-registration number (A-number) of the detainee visited; ...." See ICE PBNDS 2008, Standard, Visitation, Section (V)(D).

<sup>49</sup> "The facility's written rules shall specify time limits for visits, 30 minutes minimum, under normal conditions." See ICE PBNDS 2008, Standard, Visitation, Section (V)(I)(1). **This is a priority component.**

<sup>50</sup> "Immediate family members detained at the same facility may visit with each other during normal visiting hours regardless of gender when practicable." See ICE PBNDS 2008, Standard, Visitation, Section (V)(I)(2)(a).

visitation reception area (**Deficiency V-4**<sup>51</sup>).

ODO reviewed the facility's visitation logs and found that, on weekends, the facility did not log legal visitors into the legal visitors log (**Deficiency V-5**<sup>52</sup>).

ODO reviewed the facility's visitation procedures and found that the facility did not require community service volunteers to read and sign a waiver of liability prior to going into secure portions of the facility (**Deficiency V-6**<sup>53</sup>).

The facility's visitation policies did not address visitation by aliens in proceedings, business visitors, and visitation rules regarding animals (**Deficiency V-7**<sup>54</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's detainee handbook and found the grievance section did not notify detainees what the facility's process was for filing emergency grievances, nor did it include procedures for contacting ERO St. Paul to appeal a facility decision (**Deficiency GS-1**<sup>55</sup>).

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<sup>51</sup> "Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitation reception area." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(8).

<sup>52</sup> "Staff shall maintain a separate log to record all legal visitors including those denied access to the detainee." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(15).

<sup>53</sup> "The facility administrator may approve visits to one or more detainees by individuals or groups representing community service organizations, including civic, religious, cultural, therapeutic, and other groups....In SPCs and CDFs, groups and/or individuals from those groups must: ...

4. Read and sign a waiver of liability that releases ICE/DRO of all responsibility in case of injury during the visit before being admitted to any secure portion of the facility or location where detainees are present."

*See* ICE PBNDS 2008, Standard, Visitation, Section (V)(N)(4).

<sup>54</sup> "Other Special Visits: ...

2. Visitation by Former Detainees or Aliens in Proceedings

Former ICE/DRO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges. The facility administrator shall weigh the nature and extent of an individual's criminal record and/or prior conduct against the benefits of visitation in determining visitation privileges. A potential visitor's failure to disclose such matters may preclude visitation privileges.

3. Business Visitors

A detainee may not actively engage in business or professional interests or activities and should assign authority for daily operations to a person in the community; however, in the event that a detainee must make a decision that will substantially affect the assets or prospects of a business, the facility administrator may permit a special visit. ICE/DRO does not recognize or sanction any kind of work-release program.

4. Visiting Rules Regarding Animals

Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property."

*See* ICE PBNDS 2008, Standard, Visitation, Section (V)(O)(2)(3) and (4).

<sup>55</sup> "The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of: ... The process for filing emergency grievances. ... The procedures for contacting ICE/DRO to appeal a decision in a CDF or IGSA facility." *See* ICE PBNDS 2008, Standard, Grievance

ODO reviewed the facility's GS policy and found emergency grievance protocols did not require facility staff to bring emergency grievances to the attention of the facility's director (**Deficiency GS-2<sup>56</sup>**).

The facility's GS procedures did not notify detainees that grievances they submitted may be sealed in an envelope, marked sensitive or medically sensitive, and submitted directly to the facility's director or administrative health authority (**Deficiency GS-3<sup>57</sup>**).

ODO reviewed the facility's medical grievance procedures and found the grievance appeals process did not provide an additional level of appeal by medical personnel (**Deficiency GS-4<sup>58</sup>**).

## **LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)**

ODO reviewed the facility's LL&LM documentation, interviewed facility staff, and found nothing to indicate that the facility certified to the ERO St. Paul FOD that they possessed operable computers, capable of running the Lexis/Nexis CD-ROM, operable printers, supplies for both, and instructions for detainees on the basic use of the system (**Deficiency LL&LM-1<sup>59</sup>**).

ODO reviewed the facility's LL&LM policy and interviewed facility staff, and found that per facility policy, if the facility housed detainees in the SMU, those detainees would not have the same access to the law library as detainees housed in general population (**Deficiency LL&LM-2<sup>60</sup>**).

ODO reviewed the facility's detainee handbook and found that the law library section did not include the scheduled hours of access to the law library, the procedure for requesting additional time in the law library, the procedure for requesting legal reference materials not maintained in the law library, the procedure for notifying a designated employee that law library material was missing or damaged, and that Lexis/Nexis was being used at the facility and instructions for how

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System, Section (V)(B).

<sup>56</sup> "The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the facility administrator, even if it is later determined that it is not a true emergency and the grievance is subsequently routed through normal, non-emergency channels." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(2).

<sup>57</sup> "...If the detainee claims that the issue is sensitive or the detainee's safety or well-being would be jeopardized if others in the facility learned of the grievance, the detainee: ...

- Has the right to seal the grievance in an envelope, clearly marked 'Sensitive' or 'Medically Sensitive' and submit it directly to the facility administrator, administrative health authority, or designee."

See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(a).

<sup>58</sup> "In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D).

<sup>59</sup> "The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient: Operable computers that are capable of running the Lexis/Nexis CDROM, Operable printers, Supplies for both, and Instructions for detainees on the basic use of the system." See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(E)(2)(b)(2). **This is a priority component.**

<sup>60</sup> "Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations." See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(L).

to use it were available (**Deficiency LL&LM-3<sup>61</sup>**).

## CONCLUSION

During this inspection, ODO assessed DCDOC’s compliance with 19 standards under PBNDS 2008 and 1 standard under PBNDS 2011 and found the facility in compliance with 1 of those standards. ODO found 54 deficiencies in the remaining 18 standards, which included 11 deficient priority components and 6 repeat deficiencies. ODO noted there were two instances where staff initiated immediate corrective action during the inspection. ODO noted the number of deficiencies since the facility’s last inspection more than doubled. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (PBNDS 2008)	FY 2019 (PBNDS 2008)
Standards Reviewed	17	19
Deficient Standards	12	18
Overall Number of Deficiencies	26	54
Deficient Priority Components	5	11
Repeat Deficiencies	11	6
Corrective Actions	0	2

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<sup>61</sup> “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

2. The scheduled hours of access to the law library; ...
4. The procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum);
5. The procedure for requesting legal reference materials not maintained in the law library; and
6. The procedure for notifying a designated employee that library material is missing or damaged...
8. If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available.”

See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O)(2)(4)(5)(6) and (8). **This is a repeat deficiency.**